

Fill in this information to identify your case:

Debtor 1	Michell First Name	J Middle Name	Ivory Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO		
Case number (if known)	16-53560		

Check if this is:

- An amended filing

A supplement showing postpetition chapter 13 income as of the following date:

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal,
or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse	
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed	
Occupation	<u>Dental Hygienist</u>		
Employer's name	<u>The Office of Steve Stamas DDS</u>		
Employer's address	<u>8305 Taylor Road, Ste 400</u> Number Street <hr/> <hr/> <hr/>		
	Number Street <hr/> <hr/> <hr/>		
	Reynoldsburg	OH	43068
	City	State	Zip Code

How long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. <u>\$5,410.08</u>	<u></u>
3. Estimate and list monthly overtime pay.	3. + <u>\$0.00</u>	<u></u>
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$5,410.08</u>	<u></u>

Debtor 1 Michell J Ivory Case number (if known) 16-53560

First Name	Middle Name	Last Name	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here			4.	\$5,410.08
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions			5a.	\$1,561.52
5b. Mandatory contributions for retirement plans			5b.	\$0.00
5c. Voluntary contributions for retirement plans			5c.	\$108.33
5d. Required repayments of retirement fund loans			5d.	\$0.00
5e. Insurance			5e.	\$4.77
5f. Domestic support obligations			5f.	\$0.00
5g. Union dues			5g.	\$0.00
5h. Other deductions. Specify: <u>See continuation sheet</u>			5h. +	\$333.66
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.			6.	\$2,008.28
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.			7.	\$3,401.80
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm			8a.	\$0.00
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.				
8b. Interest and dividends			8b.	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive			8c.	\$0.00
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				
8d. Unemployment compensation			8d.	\$0.00
8e. Social Security			8e.	\$0.00
8f. Other government assistance that you regularly receive				
Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.				
Specify: _____			8f.	\$0.00
8g. Pension or retirement income			8g.	\$0.00
8h. Other monthly income. Specify: <u>See continuation sheet</u>			8h. +	\$1,163.28
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.			9.	\$1,163.28
10. Calculate monthly income. Add line 7 + line 9.			10.	\$4,565.08
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.				
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.				
Specify: _____			11. +	\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.			12.	\$4,565.08
Combined monthly income				
13. Do you expect an increase or decrease within the year after you file this form?				
<input checked="" type="checkbox"/> No. <u>None.</u>				
<input type="checkbox"/> Yes. Explain:				

Debtor 1 MichellJIvory

Case number (if known)

16-53560

First Name

Middle Name

Last Name

1. Additional Employers Debtor 1Debtor 2 or non-filing spouse

Occupation Instructor
 Employer's name Nationwide Children's Hospital
 Employer's address 700 Children's Drive

ColumbusOH 43207

City

State

Zip Code

City

State

Zip Code

How long employed there? _____

Occupation Instructor
 Employer's name Columbus State Community College
 Employer's address 550 E. Spring Street

ColumbusOH 43215

City

State

Zip Code

City

State

Zip Code

How long employed there? _____

5h. Other Payroll Deductions (details)

FSA MedicalFor Debtor 1For Debtor 2 or
non-filing spouse\$166.83EE HSA\$166.83

Totals:

\$333.66_____

8h. Other Monthly Income (details)

Average Monthly Net Pay from NationwideFor Debtor 1For Debtor 2 or
non-filing spouse\$741.28Average Monthly Net Pay from CSCC\$422.00

Totals:

\$1,163.28_____

Fill in this information to identify your case:

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Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO			
Case number (if known)	16-53560		

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. 4. **\$756.90**

Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- | | |
|---|--------------------------|
| 4a. Real estate taxes | 4a. |
| 4b. Property, homeowner's, or renter's insurance | 4b. |
| 4c. Home maintenance, repair, and upkeep expenses | 4c. \$100.00 |
| 4d. Homeowner's association or condominium dues | 4d. \$77.00 |

Debtor 1 MichellJIvory

Case number (if known)

16-53560

First Name

Middle Name

Last Name

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$175.00
6b. Water, sewer, garbage collection	6b.	\$100.00
6c. Telephone, cell phone, Internet, satellite, and.....cable services	6c.	\$255.00
6d. Other. Specify: _____	6d.	
7. Food and housekeeping supplies	7.	\$350.00
8. Childcare and children's education costs	8.	
9. Clothing, laundry, and dry cleaning	9.	\$100.00
10. Personal care products and services	10.	\$150.00
11. Medical and dental expenses	11.	\$100.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$400.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$150.00
14. Charitable contributions and religious donations	14.	\$350.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	\$50.00
15b. Health insurance	15b.	
15c. Vehicle insurance	15c.	\$125.00
15d. Other insurance. Specify: <u>AFLAC</u>	15d.	\$100.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	
17b. Car payments for Vehicle 2	17b.	
17c. Other. Specify: <u>Gym Membership</u>	17c.	\$65.00
17d. Other. Specify: <u>Legal Shield / Ohio Dental Board</u>	17d.	\$26.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19. Other payments you make to support others who do not live with you. Specify: <u>Medication for Mother</u>	19.	\$200.00

Debtor 1 MichellJIvory

First Name Middle Name Last Name

Case number (if known) 16-53560

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

- | | |
|---|------------|
| 20a. Mortgages on other property | 20a. _____ |
| 20b. Real estate taxes | 20b. _____ |
| 20c. Property, homeowner's, or renter's insurance | 20c. _____ |
| 20d. Maintenance, repair, and upkeep expenses | 20d. _____ |
| 20e. Homeowner's association or condominium dues | 20e. _____ |

21. Other. Specify: _____ 21. + _____

22. Calculate your monthly expenses.

- | | | |
|--|------------|-------------------|
| 22a. Add lines 4 through 21. | 22a. _____ | \$3,629.90 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. | 22b. _____ | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | 22c. _____ | \$3,629.90 |

23. Calculate your monthly net income.

- | | | |
|--|--------------|-------------------|
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. _____ | \$4,565.08 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. - _____ | \$3,629.90 |
| 23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income. | 23c. _____ | \$935.18 |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:
None.